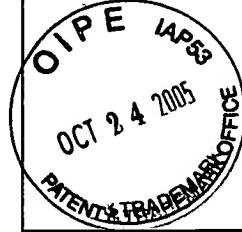


IN THE
UNITED STATES
PATENT AND TRADEMARK
OFFICE



<i>Application No.</i>	09/125,114
<i>Filing Date</i>	August 18, 1998
<i>First Named Inventor</i>	Ian Ashley Price
<i>Group Art Unit</i>	1617
<i>Examiner Name</i>	Shaojia A. Jiang
<i>Confirmation No.</i>	7439
<i>Attny. Dkt. No.</i>	2955-101

Title of the Invention: DOSAGE FORM OF IBUPROFEN

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Under the provisions of §1.136(a), applicants petition the Commissioner of Patents and Trademarks to extend the time for response to the Office Action dated June 24, 2005, from September 24, 2005 to October 24, 2005. Applicant submits herewith a check in the amount of \$120.00 for a one-month extension of time.

The Commissioner is authorized to charge any additional fees and credit any overpayment to Deposit Account No. 02-2135. An extra copy of this letter is attached.

RESPECTFULLY SUBMITTED,					
NAME AND REG. NUMBER	Leigh Z. Callander, Registration No. 55,035				
SIGNATURE			DATE	October 24, 2005	
ADDRESS	Rothwell, Frigg, Ernst & Manbeck 1425 K Street, N.W., Suite 800				
CITY	Washington	State	D.C.	Zip Code	20005
COUNTRY	U.S.A.	Telephone	202-783-6040	Fax	202-783-6031

2955-101.eot

10/25/2005 SZEWDIE1 00000124 09125114

01 FC:1251

120.00 DP

Page 1 of 1



		Complete if Known	
		Application Number	09/125,114
		Filing Date	August 18, 1998
		First Named Inventor	PRICE
		Examiner Name	Jiang, Shaojia A.
		Group Art Unit	1617
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2955-101
Total Amount of Payment		Confirmation Number	
(\$120.00)		7439	

METHOD OF PAYMENT (check one)

- The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
- Payment by check enclosed

FEE CALCULATION

1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1111	500	Utility Search Fee	[]
1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee	[]
	350	filed before Dec. 8, 2004	[]
1112	100	Design Search Fee	[]
1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee	[]
	550	filed before Dec. 8, 2004	[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$

2. CLAIMS

		Extra Claims	Fee	Fee Paid
Total Claims	[]	- 38* = []	x \$50 = []	
Independent				
Claims	[]	- 6* = []	x 200 = []	
Multiple Dependent Claims			+ 360 = []	

*or number previously paid, if greater

SUBTOTAL \$

SUBTOTAL \$120.00

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = []/50 = []** x \$250 =

** Number of each additional 50 or fraction thereof

SUBTOTAL \$

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Leigh Z. Callander, Reg. No. 55,035			
SIGNATURE	Leigh Z. Callander	DATE	October 24, 2005	DEPOSIT ACCOUNT USER ID
				02-2135